
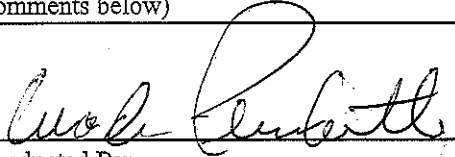


Report Type:	New Entrant
Year (Annual Report only):	
Date of Appointment/Termination:	08/06/2018

Executive Branch Personnel Public Financial Disclosure Report (OGE Form 278e)

Filer's Information				
Last Name	First Name	MI	Position	Agency
Rychalski	Sophia	G	Clerk	OPM
Other Federal Government Positions Held During the Preceding 12 Months:				
Congressional Intern, U.S. Senate				
Name of Congressional Committee Considering Nomination (Nominees only):				
Filer's Certification - I certify that the statements I have made in this report are true, complete and correct to the best of my knowledge:				
Signature: 			Date: 08/16/2018	

Agency Ethics Official's Opinion – On the basis of information contained in this report, I conclude that the filer is in compliance with applicable laws and regulations (subject to any comments below)

Signature: 		Date: 8/16/18	
Other Review Conducted By:			
Signature:		Date:	
U.S. Office of Government Ethics Certification (if required):			
Signature:		Date:	

Comments of Reviewing Officials:

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Instructions for Part 1

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

Filer's Name	Page Number
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Part 1: Filer's Positions Held Outside United States Government

#	Organization Name	City/State	Organization Type	Position Held	From	To
1.	Lilly Pulitzer	Alexandria, Va	Retail Corporation	Sales Associate	November 2016	January 2018
2.	Browne Academy Summer Camp	Alexandria, Va	Summer Camp	Camp Counselor	June 2017	August 2017
3.	Browne Academy Summer Camp	Alexandria, Va	Summer Camp	Camp Counselor	June 2016	August 2016
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Instructions for Part 2

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

Filer's Name	Page Number
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Part 2: Filer's Employment Assets & Income and Retirement Accounts

#	Description	EIF	Value	Income Type	Income Amount
1.	Lilly Pulitzer	N/A		Salary	\$3,047
2.	Browne Academy Summer Camp	N/A		Salary	\$2,960
3.					
4.					
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Instructions for Part 3

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

Filer's Name			Page Number	
Part 3: Filer's Employment Agreements and Arrangements				
#	Employer or Party	City/State	Status and Terms	Date
1.	None			
2.				
3.				
4.				
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Instructions for Part 4

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

Filer's Name	Page Number
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Part 4: Filer's Sources of Compensation Exceeding \$5,000 in a Year

#	Source Name	City/State	Brief Description of Duties
1.	None		
2.			
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Instructions for Part 5

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

Filer's Name	Page Number

Part 5: Spouse's Employment Assets & Income and Retirement Accounts

#	Description	EIF	Value	Income Type	Income Amount
1.	None				
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Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

Filer's Name

Part 6: Other Assets and Income

#	Description	EIF	Value	Income Type	Income Amount
		N/A	\$1,001 - \$15,000	Interest	None (or less than \$201)
1.	BB&T (Checking and Savings)				
2.					
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Instructions for Part 7

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

Filer's Name			Page Number
Part 7: Transactions			
#	Description	Type	Date
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Instructions for Part 8

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

Filer's Name						Page Number
Part 8: Liabilities						
#	Creditor Name	Type	Amount	Year Incurred	Rate	Term
1.	None					
2.						
3.						
4.						
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Instructions for Part 9

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

Filer's Name				Page Number
Part 9: Gifts and Travel Reimbursements				
#	Source Name	City/State	Brief Description	Value
1.				
2.				
3.				
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